

## 2021 ODA Annual Session Registration Form

**CONNECT. LEARN. EXCEL.**

**Doctor Registrant** (Print or Type) Only one form per office necessary

Dentist Name \_\_\_\_\_

Name of Practice \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ ADA # \_\_\_\_\_

☐ Please check here if you plan to attend any portion of the 2021 ODA Annual Session in person in Columbus, Ohio.

Registration Codes and Fees		By 8/13	After 8/13	Onsite
A	ODA member .....	\$125	\$150	\$150
B	Non-member .....	\$500	\$550	\$550
C	ODA retired life .....	\$0	\$62	\$62
D	ADA member (out of state) .....	\$125	\$150	\$150
DH	Hygienist .....	\$75	\$85	\$85
EF	EFDA .....	\$75	\$85	\$85
DA	Assistant .....	\$75	\$85	\$85
LT	Lab tech .....	\$75	\$85	\$85
OM	Office manager .....	\$75	\$85	\$85
RE	Front office staff .....	\$75	\$85	\$85
SP	Spouse (non-office staff) .....	\$0	\$0	\$0
MC	Minor Child .....	\$0	\$0	\$0
DS	Dental Student .....	\$0	\$0	\$0
DR	Dental Resident .....	\$0	\$0	\$0
HS	Hygiene Student .....	\$0	\$0	\$0
ST	Other Students .....	\$5	\$15	\$15

Exhibits Only registration is available for Dentists, Hygienists, Assistants, EFDAs, Office Managers and Front Office Staff but you must register online at [www.oda.org](http://www.oda.org).

Name for Badge (print or type)	License #	Registration	E-mail Address	Courses/Events (if registering for a free course, enter "0" for the Fee)								Total Fees
Last Name, First Name		Code Fee \$		Code	Fee \$	Code	Fee \$	Code	Fee \$	Code	Fee \$	
1 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

GRAND TOTAL \$ \_\_\_\_\_

### Payment Method

☐ Check or Money Order (Payable to 2021 ODA Annual Session)  
Check # \_\_\_\_\_

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Print Name (on card) \_\_\_\_\_

### Registration Mailing Instructions

MAIL registration form to the address below, or for faster service, register online at [www.oda.org](http://www.oda.org). Do **not** mail this form after **August 24**.

You may fax forms to (678) 341-3086 until **September 4**.

2021 ODA Annual Session  
c/o Eleventh & Gather  
6840 Meadowridge Court  
Alpharetta, Georgia 30005

**Questions?** Call (678) 341-3049